

For your



BENEFIT

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Mitt Romney, Governor

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Dolores L. Mitchell, Executive Director

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GROUP INSURANCE COMMISSION

*Providing Massachusetts State
Employees, Retirees, and Their
Dependents with Access to
Quality Care at
Reasonable Costs*

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ACTIVE EMPLOYEES

Be Sure to Bring Home This Newsletter. Your family's input and knowledge is important to your health and well being.



GIC Plans Measure Up on 2003 Health Care Quality Report

The National Committee for Quality Assurance (NCQA) produces an annual State of Health Care Quality Report, providing health care quality and member satisfaction data measurements: controlling blood pressure, monitoring cholesterol levels for people who have suffered a heart attack, advising smokers to quit, and more. Sadly, many Americans do not receive appropriate care, resulting in over one thousand needless deaths each week and costly medical bills, according to NCQA.

The good news is that many GIC Health Plans did well on the 2003 survey, scoring among the *top health plans in the country*.

Effectiveness of Care – Ranking in Country

- #5 - Fallon Community Health Plan
- #6 – Harvard Pilgrim Health Care
- #8 – Tufts Health Plan POS (includes The Commonwealth PPO)
- #10 – Tufts Health Plan HMO

Member Satisfaction – Ranking in Country

- #2 – Harvard Pilgrim Health Care
- #4 – Health New England

See how your plan measured up by quality and member satisfaction indicator in the GIC's annual Massachusetts Healthcare Purchasers Group (MHPG) Health Plan Report Card. These will be available on the GIC's website and at the health fairs during this spring's annual enrollment.

**Mark Your Calendars for This Year's Annual Enrollment
April 12 through May 14 for Changes Effective July 1, 2004**



Read your GIC Benefit Decision Guide, delivered at the beginning of April to your agency, for details. Information to help with your decisions will also be on our web site: www.mass.gov/gic.

Learning How to Live After a Heart Attack

Members Give Proof That GIC CAD Program Works

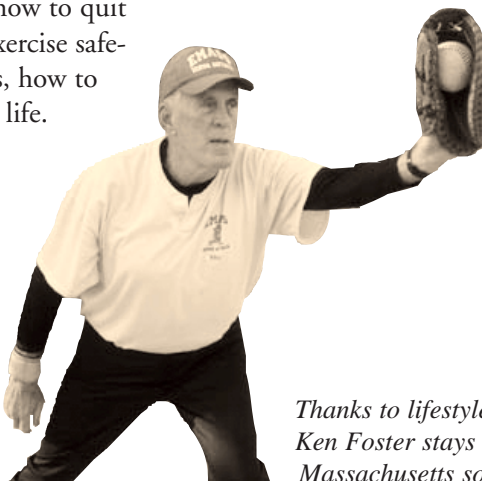
Ken Foster was beginning to doze off at ten p.m. when intense pain shot through his shoulder, awakening him immediately. The pain spread down his arm and back, his chest tightened and a feeling of apprehension overcame him. He woke his wife and they called 911 for an ambulance. Mr. Foster had just had a heart attack. He would have three more incidents over a three-week period and would undergo a quadruple bypass.

Although heart disease is the number one killer of men AND women, women are less likely than men to think they are having a heart attack. Similar to men, women often experience chest pain or discomfort when they are having a heart attack. However, they are more likely to experience shortness of breath, unexplained and unusual fatigue, back or jaw pain, and nausea or vomiting.

Teresa Paretti's chest tightened in the evening and she thought she was experiencing indigestion. However, the feeling of indigestion continued in the early morning, much later than a normal episode. At 5 in the morning she woke her husband to take her to the hospital. Unbeknown to her at the time, she had suffered a heart attack.

The emergency rooms saved Mr. Foster and Ms. Paretti's life. The GIC's Coronary Artery Disease (CAD) Program then enabled them to live more fully. Mr. Foster joined the GIC CAD program, called "Heart and Soul," at the Deaconess Hospital. Ms. Paretti entered the CAD Program at St. Vincent's Hospital after her doctor recommended it. These programs teach participants how to relax, what to eat, how to quit smoking, how to exercise safely -- in other words, how to live a more healthy life.

"My dad came from the 'clean plate' club school of thought, and I had developed bad eating habits, which had clogged my arteries," said



Thanks to lifestyle changes learned in the GIC Coronary Artery Disease Program, Ken Foster stays active, playing for the "Boys of Summer" team, in the Eastern Massachusetts softball league for players age 65 and over.

Mr. Foster. "Additionally I was under tremendous stress at work." The Commonwealth Indemnity Plan sent him information on the GIC's CAD Program and Mr. Foster decided to give it a try. "The CAD Program gave me the impetus to change my way of life. I can't believe the things I can now do," said Mr. Foster. Additionally, he established long time friendships with the 20 other participants - all of whom are still living and enjoying life.

"I really had not exercised or watched what I ate," said Ms. Paretti. "The CAD Program taught me how to read labels, what to order at a restaurant, and how to shop at the supermarket." The nurses also provided encouragement for walking and helped participants to warm up properly.

For Mr. Foster, typical CAD meetings would run two hours at night once a week. The class would start with exercise and participants were taught how to use a heart rate monitor. Next, the class would learn relaxation techniques. Participants learned how to implement these techniques throughout the day. Typically there would be a brief lecture, covering topics such as recognizing symptoms of a heart attack, and realizing that symptoms might not be the

At the 2003 GIC health fairs, 69.5% of the GIC enrollees screened by the Boston Heart Party™ had high risk for cardiovascular disease. The factors screened included smoking, cholesterol level, blood pressure, blood sugar and family history of heart disease. Always talk with your doctor about how to control your risk for cardiovascular disease.

same each time, learning about heart medications and treatments, diet, quitting smoking, and exercise. Each week a participant would bring in a healthy meal for the group. At the end of the program, the recipes were collated and disseminated for all to use. Finally, the group had the opportunity to ask questions and socialize.

"You can't worry about the things you can't change," said Mr. Foster. "I had not appreciated just what a killer stress can be, and getting help for relieving stress was key for

continued on next page

Having Surgery?

What You Can Do to Minimize Surgical Infections

Postoperative infection is a major cause of patient injury, mortality and health care costs. Of the nearly 30 million surgical operations performed annually, infection rates run from 2.6% to 11%, depending on the operation. Overuse of antibiotics has made many strains of bacterial infection resistant to drugs that help fight these infections. (See related article on page 5.) As a result, these infections can become lethal with infected patients more likely to spend time in an intensive care unit and twice as likely to die as patients who are not infected. Patients having a knee replacement who get an infection are more likely to require amputation. It is estimated that each infection, on average, increases a hospital stay by seven days and adds over \$3,000 in charges.

In August of 2002, the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control (CDC) began a health care quality improvement project to prevent postoperative infection. An expert panel, comprised of members of the medical community, provides input and advice. The goal of the project is to cut the number of surgical infections by 50% by 2005.

According to the project's participants, between 40% and 60% of surgical infections are preventable if doctors and hospitals follow the guidelines issued by the CDC in 1999. Unfortunately, in 25% to 50% of surgeries, doctors are not following these protocols:

- ◆ Use recommended antibiotics
- ◆ Start preventive antibiotics within one hour before making the surgical incision
- ◆ Discontinue the antibiotics within 24 hours of the end of surgery

Other guidelines include administering oxygen to

patients after surgery, keeping patient body temperatures normal, and not shaving a surgical site before surgery. This last measure used to be a standard practice, but has been found to cause micro abrasions in the skin where bacteria can take over. Instead, the CDC recommends that the surgical site be sterilized and the hair not removed, or the hair shortened with clippers.

So what can you do as a patient? The best approach is vigilance. Although asking questions of your health care team can be uncomfortable, it is your life, or your loved one's life, that matters. The CDC recommends the following:

- ◆ Avoid elective surgery if you have an active infection
- ◆ Become informed about the recommended medications for your surgery by accessing the project's guidelines at the Medicare Quality Improvement Community's web site: www.medqic.org
- ◆ If hospital personnel do not wash their hands, ask that they do so.
- ◆ Do not let someone shave the surgical site. Or, if hair must be removed, request that electric clippers be used right before the operation
- ◆ Make sure you have a preventive dose of antibiotics an hour before surgery and that they are discontinued within 24 hours after the operation
- ◆ Request an antiseptic bath or shower the night before surgery
- ◆ Ask that people in the operating room be restricted to necessary medical personnel only and that no one have artificial fingernails or current infections
- ◆ Follow post operative instructions and medication orders and alert your doctor if you have any fever, weight loss, pain, oozing or swelling at the incision site



Learning How to Live After a Heart Attack

Members Give Proof That GIC CAD Program Works continued from page 2

my mental *AND* physical health." Five years after joining the GIC CAD Program, Mr. Foster is living a full life, practicing the relaxation techniques he learned, making healthy food choices, and exercising regularly. He even plays first base for the Eastern Massachusetts softball league's *Boys of Summer* team for men age 65 or over. Similarly, Ms. Paretti has changed her exercise habits. She now walks four to five

times a week with her sisters-in-law. For her combined birthday and retirement, her children gave her a treadmill, which she plans to use frequently.

Most GIC enrollees who have experienced a cardiac event are eligible for Coronary Artery Disease Programs at participating hospitals. Contact your GIC Plan for details (see page 7).

Letters to the Editor



"In late August I wrote to you expressing my disappointment at the loss of our Medicare reimbursement. I was especially angry as my rheumatoid arthritic wife and state retiree could be denied a two-week vacation. I am writing to you again as I appreciate your response and your hope that I (we) would still appreciate GIC's comprehensive care. As a matter of fact, I do. The cost of caring for my wife's medical needs are substantial and the GIC has always come through with flying colors. Thanks for taking the time and increasing our understanding of the total picture."

Respectfully, J. Mahoney, No. Andover, MA

The GIC welcomes your feedback. We will include selected letters in our newsletter. Or, submit a letter and request that we not reprint it. The GIC reserves the right to edit your comments for clarity and space considerations. All letters must be signed with your name and address. Send Letters to the Editor to **Cynthia McGrath**, Editor, *For Your Benefit*, GIC, PO Box 8747, Boston, MA 02114-8747.



GIC staff and its HMOs met this fall for annual site visits to discuss health care and industry trends, disease management programs, and strategies for the future. When visiting Tufts Health Plan, the HMO surprised the GIC with a cake to celebrate 20 years of collaboration. Tufts Health Plan President and CEO, Nancy Leaming (left) displays the cake with Dolores L. Mitchell, GIC Executive Director.

The GIC awarded FY03 performance bonuses to the GIC plans that increased admissions to hospitals meeting the Leapfrog patient safety standards. The GIC's Assistant Director and HMO Program Manager, David Czekanski (left), presented Dr. David Boss, of Health New England, a replica of the performance bonus check.



Personalized Benefit Statement In the Mail at the End of January

Your personalized benefit statement, giving you a comprehensive overview of your Commonwealth of Massachusetts benefits provided by the GIC, will be mailed to your home at the end of January. The major purpose of this statement is to confirm the specifics of your coverage. Our responsibility is to tell you what our records say about who you cover and what benefits you have chosen. Your responsibility is to read it carefully and let us know if it is wrong. (You may change health plans and optional life insurance smoker status during annual enrollment only.) Failure to notify the GIC of family status changes, such as divorce, remarriage, and/or addition of dependents may result in financial liabilities.

If you notice any errors or outdated information, follow the instructions, completing and returning the forms included. **If everything is correct, you do not need to do anything.** File your statement with your important papers; it is the only statement you will receive in 2004.

Low Income Retirees May Qualify for Medicare Part B Savings Programs

If you meet the following criteria, you may be eligible for one of three Medicare Savings programs, which will save you up to \$799.20 a year in Medicare Part B premiums:

- ◆ Individuals Only – Monthly income from all sources less than \$1,031 and less than \$4,000 in bank account
- ◆ Married Couples Only – Monthly income from all sources less than \$1,384 and less than \$6,000 in combined bank accounts

If you think you are eligible for a Medicare Savings program, contact the state's Elder Services' SHINE Program: www.800ageinfo.com, 1-800-AGE-INFO. Tufts Secure Horizons, Tufts Medicare Complement and Fallon Senior Plan Preferred members may also call Social Service Coordinators, contracted by the plans to assist with these programs, at 1-866-317-0498.

Meet the GIC's Newest Commissioner Thomas Shields



The GIC's newest Commissioner, Tom Shields, was the President and CEO of Harvard Community Health Plan of New England in Providence (formerly RIGHA) and is actively involved in a variety of charities.

The Commission's newest member, Thomas A. Shields, is a business professional with experience in the health care industry. As President and CEO of Harvard Community Health Plan of New England in Providence, formerly Rhode Island Group Health Association, in the early 1990s, Commissioner Shields was in the thick of HMO consolidation. When he joined RIGHA, the plan was losing \$1 million a month. In 17 months he and the staff were able to restore the plan to profitability.

Commissioner Shields and his brother have owned and operated a variety of manufacturing businesses for over 30 years, giving him first hand knowledge of the challenges facing employers with containing health care costs. "There is no silver bullet to containing cost and improving quality; it's a marathon we're in," says Commissioner Shields.

Commissioner Shields is also very involved in charitable work. He is the Chairman of the Massachusetts Family Institute and Alpha Boston, both faith-based charities. He also founded and is the Chairman of La Vida, Inc., an organization dedicated to helping Hispanics in the Greater Boston area.

"I am appreciative of Governor Romney appointing me to the Commission, enabling me to serve the citizens of Massachusetts this way," said Commissioner Shields. "I have great respect for Dolores Mitchell (the GIC's Executive Director) and the Commission's work. As a Commissioner I will be looking closely at the financial health of our vendors and their quality metrics. I look forward to serving my constituents, the taxpayers of the Commonwealth and the GIC enrollees."

GIC's Annual Public Hearing Wednesday, February 4, 2003

10 AM to Noon

**Minihan Hall, 6th Floor • Charles F. Hurley Building
19 Staniford Street, Boston**

All state employees and retirees are welcome to attend our annual public hearing. The GIC will describe prospective benefit changes and attendees are invited to express their views.

Patients – Do Your Part to Reduce the Overuse of Antibiotics



Misuse and overuse of antibiotics has led to decreased effectiveness of antibiotics because of the emergence of bacteria that are resistant to them. If you take antibiotics and don't need them, the drugs lose their ability to kill bacteria when you need them. You can help preserve antibiotics' effectiveness:

- ◆ Get plenty of rest, fluids, exercise, and eat a balanced and healthy diet.
- ◆ Never take antibiotics for viral infections such as colds or flu.
- ◆ Don't insist on an antibiotic if your doctor doesn't think one is necessary.
- ◆ If you are prescribed an antibiotic, follow the instructions as listed on the label and COMPLETE the entire course of the prescription, even if you are feeling better.
- ◆ Wash your hands often. Regular soap is just as effective as antibacterial soap.
- ◆ If you have children, check with your pediatrician to make sure their immunizations are up to date.

Guest Editorial

The Subject (Almost) Nobody Wants to Discuss

Editorial written by Richard Bauer, Retired Chaplain John Dempsey Hospital, Farmington, CT

Generally speaking, news about the promises and accomplishments of medicine is mostly upbeat. A new drug for treating Alzheimer's. An earlier diagnosis for Down Syndrome. There are some clouds, of course: an increase in childhood obesity, the growing numbers of those lacking health insurance, and the ever-escalating costs of treatment. But we seem to be able to do more and more to halt, or at least manage, disease progression ... to the point where death feels more like a postponable option than an inevitability for which we need to prepare.

Yet the Grim Reaper inevitably makes his presence known, and there is much to be said for being prepared.

One way of doing this is through an advance directive, a document that tells your family and health care providers how you wish to be treated medically when the possibility for cure dims and the burdens of treatment exceed the possible benefits. Intubation to get oxygen into the lungs? Artificial nutrition and hydration? Resuscitation if your heart stops? Under what conditions, and for how long?

An advance directive states your wishes on such (admittedly) unpleasant issues. And by appointing someone to speak for you when you cannot speak for yourself (a health care proxy, or health care power of attorney), you can let your family know who plays quarterback when the tough choices need to be made. You do not need an attorney to fill out an advance directive. Your primary care physician or local hospital can provide one for you.

Does this settle the end-of-life dilemma? Unfortunately, no. Life is complicated. Medical care is complicated. And we do not have a crystal ball telling us precisely what the circumstances surrounding our, or our loved ones', dying will be. What we need for this process is a great deal of patience and wisdom, coupled with excellent communication with our caregivers. Ethics Committees' agendas are filled with cases concerning either giving up too soon, or continuing long past the point of futility.

There is no escaping the grief of dying, or standing by while loved ones die. But it is possible to do it with some measure of courage and grace, and that is an honorable thing to be about.



Relief from Heartburn Update

Our summer newsletter included an article on Relief from Heartburn and Reflux. After it was published, Prilosec®, which was a prescription drug, became available over the counter in its most popular strength. This means that enrollees who suffer frequent heartburn have access to short term relief without the need to see their doctor for a prescription. Prilosec OTC is only for short-term heartburn relief; it should only be taken for a single 14-day course of treatment every four months. For those who suffer from frequent heartburn, patients are

advised to see their doctor. Your doctor may recommend lifestyle changes such as weight loss and portion reduction, as well as a prescription medication.

Talk with your doctor if you have frequent heartburn (defined as symptoms two or more days per week) before you take any over-the-counter drug for relief. For additional information on your prescription drug benefits, contact your Plan (HMOs) or Express Scripts (Indemnity, PPO, PLUS and OME). See page 7 for contact information.



Harvard Pilgrim Health Care's Judith Frampton, RN, VP of Clinical Quality Programs (left), and Roberta Herman, MD, Chief Medical Officer (second from left), are presented with an FY03 performance bonus for increasing admissions to hospitals that meet the Leapfrog patient safety standards. The GIC's David Czekanski, Assistant Director and HMO Program Manager, and Dolores L. Mitchell, Executive Director, present the award to HPHC.

New Express Scripts Formulary Available Online

The 2004 Express Scripts Prescription Drug Formulary (drugs categorized as preferred brand) has been mailed to all indemnity and PPO members and is also now available on the Express Scripts web site. Selected alternatives to non-formulary drugs are also listed. The GIC recommends that you bring your new Express Scripts drug formulary list with you to your doctor's visit to find the most appropriate, cost effective prescription. We also encourage you to ask your doctor to prescribe generic drugs whenever possible.

GIC Question & Answer Book Update Available Online

Our comprehensive Question & Answer Book, and the corresponding sections of our web site, have been revised and enhanced to give you the information you need to coordinate GIC benefits with life changes:

- ◆ Marriage
- ◆ New Dependent
- ◆ Leave of Absence
- ◆ Dependent turning 19
- ◆ Divorce and Remarriage
- ◆ Layoff
- ◆ Leaving State Service
- ◆ Retirement
- ◆ Medicare
- ◆ And more...

Download this helpful book from the GIC records section of our web site: www.mass.gov/gic.



Neighborhood Health Plan was awarded a performance bonus for increasing admissions to hospitals that had Computerized Physician Order Entry (CPOE) for prescriptions, technology that assists with reducing medical mistakes.

The GIC's David Czekanski presented a replica of the check to Neighborhood Health Plan's Pam Siren, Vice President of Quality Services and Compliance.



Paul Strniste, Associate Administrator of Facilities for St. Vincent's Hospital, gave GIC staff a tour of the hospital at the GIC's site visit with Fallon Community Health Plan.

Benefit Access

Indemnity & PPO Plans

Commonwealth Indemnity Plan, Commonwealth Indemnity Plan PLUS, Commonwealth Indemnity Medicare Extension (OME) (UNICARE)	1-800-442-9300 www.unicare-cip.com
Commonwealth PPO (Tufts Health Plan)	1-800-870-9488 www.tuftshealthplan.com
Mental Health, Substance Abuse, EAP (UBH)	1-888-610-9039 www.liveandworkwell.com access code: 10910
Prescription Drugs (Express Scripts)	1-877-828-9744 www.express-scripts.com

GIC HMOs

Fallon Community Health Plan, Fallon Senior Plan Preferred	1-800-868-5200 www.fchp.org
Harvard Pilgrim Health Care	1-800-333-4742 www.harvardpilgrim.org
First Seniority	1-800-421-3550
Health New England, Health New England MedRate	1-800-310-2835 www.healthnewengland.com
Neighborhood Health Plan	1-800-462-5449 www.nhp.org
Tufts Health Plan, Tufts Medicare Complement	1-800-870-9488 www.tuftshealthplan.com
Tufts Secure Horizons	1-800-867-2000

Other Benefits

Employee Assistance Program (EAP) Accessed by Managers and Supervisors (UBH)	617-558-3412 www.liveandworkwell.com access code: 10910
Health Care Spending Account (HCSA) Dependent Care Assistance Program (DCAP) (Sentinel Benefits)	1-888-762-6088 mass.gov/gic
Long Term Disability (LTD) (CNA)	1-866-847-6343 www.maemployeesltd.com
Life Insurance and AD&D (UNUM Provident)	Call the GIC x801 mass.gov/gic
LifeBalance®	1-800-854-1446 www.lifebalance.net password and ID: lifebalance
Medicare (Federal Program)	1-800-633-4227 www.medicare.gov
State Retirement Board	1-617-367-7770 mass.gov/treasury/srb.htm
GIC Retiree Dental Plan (Altus Dental)	1-800-722-1148 www.altusdental.com
GIC Retiree Vision Discount Plan (Davis Vision)	1-800-783-3594 www.davisvision.com
Dental Benefits for Managers, Executive Offices and Legislative Staff only (Delta)	1-800-553-6277 www.deltamass.com
Vision Benefits for Managers, Executive Offices and Legislative Staff only (Davis Vision)	1-800-650-2466 www.davisvision.com
Group Insurance Commission	1-617-727-2310 www.mass.gov/gic
TDD/TTY Access	1-617-227-8583

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Dolores L. Mitchell, Executive Director
Cynthia McGrath, Editor



Keeping Your Eyeglasses In Shape



Taking care of your eyeglasses will keep them looking new and you seeing your best. Follow these five easy steps for longer lasting eyeglasses:

- 1) Always remove your eyeglasses with both hands. Using one hand will result in splayed frame arms.
- 2) Rinse off your glasses with lens cleaner or water. Don't use household cleaners, such as Windex or ammonia. These can damage the coatings of the lenses. Every other week clean off the frames with soap and water to help ensure that the acidity of your skin does not wear down the frame. Only use mild detergents without a moisturizer and rinse well.



- 3) Wipe off the glasses with a lens cleaning cloth or cotton cloth only. Do not use worn clothing, which can have imbedded dirt. Tissues are not recommended either, as they are made from wood derivatives and could scratch the lenses.
- 4) Never lay your glasses face down. Keeping the lens surface face up helps to prevent lens scratches.
- 5) When not wearing your eyeglasses, store them in a proper fitting case. A hard case gives the best protection. This will keep dust off them and prevent them from being inadvertently crushed or damaged if something falls or drops on them.



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Providing Massachusetts State Employees, Retirees, and Their Dependents with Access to Quality Care at Reasonable Costs

COMMONWEALTH OF MASSACHUSETTS
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